2013 Medical Plan Comparison Highlights

	BCBS PPO		CIGNA Choice Fund	
Covered Benefit	In-Network ¹ (Blue Network P)	Out-of-Network ^{1,2}	In-Network ¹ (Open Access Plus)	Out-of-Network ^{1,2}
Health Reimbursement Account (funded by Metro) ³	n/a		\$1,100 Single \$2,200 Family	
Deductible	n/a	\$200 Single \$600 Family	\$450 Single \$900 Family	
Coinsurance	80%	60%	90%	70%
Annual Out-of-Pocket Maximum (deductible + coinsurance)	\$1,000 Single \$2,000 Family	\$5,000 Single \$10,000 Family	\$1,150 Single \$2,300 Family	\$5,000 Single \$10,000 Family
Hospital	80%	60%	90%	70%
Emergency Room	\$100 copay; copay	waived if admitted	90%; 70% if not	
	80%	60%	90%	true emergency
Office Visits Surgery Consultations Allergy Injections	Copay: \$20 for prin \$30 spec	nary care physicians ⁴ ialists ⁴	90% 70%	
	80% after copay	60% after copay		
Maternity	\$20 copay for initial visit		000/	700/
	80%	60%	90% 70%	70%
Well-Care / Preventive Care (age 7 and older)	100% up to \$750; then 80% ⁵	60% ⁵	100%	70% HRA Fund reduced
Well-Care / Preventive Care (age 6 and younger)	80%	60%	100%	70% HRA Fund reduced
Prescription Drugs ⁶ (shown as amount you pay)	Generic: \$10 copay Brand-Name: \$30 copay 35- to 102-day supply: 2 copays Mail Order Program available		You pay: Generic: 10% of discounted cost Brand-Name: 30% of discounted cost Mail Order Program available	
Mental Health Out-Patient Substance Abuse Out-Patient Group Therapy	No pre-authorization required; \$20 office visit copay		No pre-authorization required	
	80%	60%	90%	70%
Mental Health In-Patient Substance Abuse In-Patient	Pre-authorization required		Pre-authorization required	
	80%	60%	90%	70%
Temporomandibular Joint Syndrome (TMJ)	Non-surgical: 50% with a \$2,000 annual maximum		Non-surgical: \$2,000 annual maximum	
			Non-surgical: 70%	Non-surgical: 50%
	Surgical: 80%	Surgical: 60%	Surgical: 90%	Surgical: 70%

¹ In-Network and Out-of-Network benefits are paid at the maximum allowable charge after plan deductible you owe.

³ Pensioners with Medicare Parts A and B do not receive the HRA Fund.

² If you choose an Out-of-Network provider you will pay any amount above the maximum allowable charge.

⁴ Primary care physicians include pediatricians, family and general practitioners, internists, gynecologists and obstetricians. A specialist includes physicians highly trained in a specific area such as cardiology, dermatology, neurology, podiatry, oncology and specialized obstetricians and gynecologists.

⁵ Screening colonoscopies, mammograms, prostate exams and pap exams will be paid at 80% in-network with copay (60% out-of-network with copay) and are not included in the well-care benefit.

⁶ Certain Drugs may require pre-authorization and quantities of some drugs may be limited